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ATTACHMENT 4.32-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

TN No. _____
Supersedes _____
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 0123P/0002P